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THE CHALLENGE OF HUNGRY CHILDREN.

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DURING THE PAST TWENTY YEARS, THOUSANDS OF NEGRO FARM LABORERS IN MISSISSIPPI HAVE BEEN DISPLACED BY ADVANCED TECHNOLOGICAL CHANGES IN THE FIELD OF AGRICULTURE. MANY OF THESE PEOPLE LIVE IN EXTREMELY POOR HOUSING, EXIST ON VITAMIN DEFICIENT DIETS, AND ARE SURROUNDED BY A SEA OF FILTH AND DEBRIS. DISEASE RUNS RAMPANT AMONG THE CHILDREN BECAUSE THEIR UNDERNOURISHED BODIES HAVE LOW RESISTANCE, AND MEDICAL SERVICES ARE NOT READILY AVAILABLE. ALTHOUGH TWO FEDERAL FOOD PROGRAMS ARE PROVIDED, THERE ARE MANY INSTANCES WHERE NEITHER OF THESE PROGRAMS IS ADEQUATE. FOR THESE CHILDREN WHO SUFFER MALNUTRITION IN EARLY CHILDHOOD, THERE IS LITTLE CHANCE OF NORMAL MENTAL AND PHYSICAL DEVELOPMENT. THEY ARE DENIED THE HOPE OF DEVELOPING THEIR HUMAN POTENTIAL FOR COMPETING IN THE COMPLEX AND DEMANDING SOCIETY IN WHICH THEY MUST LIVE. IT SHOULD BE REMEMBERED, TOO, THAT THE CONDITIONS OF THE POVERTY-STRICKEN PEOPLE OF MISSISSIPPI ARE NOT LIMITED TO THAT STATE, BUT EXIST IN MANY OTHER AREAS THROUGHOUT THE UNITED STATES, AND WHILE THE FEDERAL GOVERNMENT IS CAPABLE OF SOLVING THESE PROBLEMS, IT WILL FAIL TO DO SO UNTIL THE PREVAILING POLITICAL RESISTANCE IS OVERCOME. THIS SPEECH WAS PRESENTED AT THE NATIONAL OUTLOOK CONFERENCE ON RURAL YOUTH, OCTOBER 24, 1967, WASHINGTON D.C., SPONSORED JOINTLY BY THE U.S. DEPARTMENTS OF AGRICULTURE, HEALTH, EDUCATION, AND WELFARE, INTERIOR, AND LABOR, OEO, AND THE PRESIDENT'S COUNCIL ON YOUTH OPPORTUNITY. (ES)

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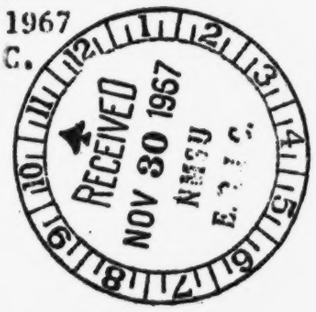

THE CHALLENGE OF HUNGRY CHILDREN

Dr. Raymond M. Wheeler
Charlotte, North Carolina

As the long hot summer of 1967, with its unprecedented civil disorders, bloodshed, and looting recedes into history, the nation and its leaders find themselves reassessing their goals and their priorities. Remembering the burned-out homes, the devastated neighborhoods, and the agony of thousands of innocent people trapped in the holocausts, we are searching for knowledge that can help us prevent these horrors and erase from the face of our nation, the blights of poverty and despair.

It is to that reassessment of goals and priorities, and that search for knowledge that I should like to direct my remarks this afternoon. I want to talk about hungry children in an America of overflowing abundance - children out of sight, out of reach, out of mind - whose lives are being irreparably damaged by the effects of poverty and starvation. I want you to begin to know how sickness and hunger in children can live on in adults who become withdrawn, hostile, and doubt any offer, mistrust any goodness or favorable turn of events.

In May of this year I was invited by The Field Foundation to join a team of doctors who were asked to visit a group of headstart centers in six counties in the Mississippi Delta. These centers were operated by an organization called the Friends of the Children of Mississippi, made up almost entirely of Negroes who are attempting to provide a pre-school program for nearly 2,000 children between the ages of 3 and 5 years. The centers have no federal or state funds to support them and they have barely managed to keep in operation on money supplied by friends and parents of the children. The team of doctors went there to make recommendations for a medical program. We surveyed the health and living conditions of these children, and reported what we saw. Later, we came here to Washington and described our findings to Senator Joseph Clark's subcommittee on Manpower, Poverty and Employment.

I had come to Mississippi prepared for the worst. I have lived all my life in the South and I have seen at close hand poverty in my native North Carolina. I have practiced medicine for two decades and I am well acquainted with human suffering, sickness and disease. I also know the statistics of poverty in Mississippi. During the past twenty years, I had been told, over 200,000 farm laborers in Mississippi had been displaced by mechanization. A farm formerly requiring 15 or 20 laborers can be operated efficiently with 3 or 4. No significant number of new jobs has been created and most of the displaced continue to be unemployed if they remain in Mississippi. The state has the

lowest per capita income in the nation - $1608 in 1965 compared to a national average of $2746.

And yet, there is no way in which one can prepare himself for the overpowering effect of hunger and starvation seen close up. No matter how familiar you may be with the facts and figures of malnutrition, nothing can avert the feeling of disbelief and horror at the site of little children - weak, hungry, apathetic, sick, and in pain.

The homes of the children in which we visited were tiny, usually two or three rooms, located on narrow alleys and surrounded by accumulated filth and debris. There was a sameness about them, tiny shot-gun frame houses in poor repair, frequently without screens, running water, or inside plumbing, close, oppressively hot, smelling strongly of kitchen odors, grease, bedding. In the summer heat, to go into such a house before sunset is like stepping inside an oven, and so on a Sunday afternoon most of the adults sat outside on porches; barefooted children played together across front yards. One had the sense, standing there talking to the people, of being isolated, buried. It was possible, one felt, to live all your life here and never know anything at all of the world beyond, to work in the fields until you were old and broken and never dare to dream that your life might ever improve or that you might even own the land that you work.

At one of the homes a 34-year-old mother put it all in perspective with a poignant description of what life in the Mississippi Delta meant to her. She worked ten hours a day, five and one-half days a week as a domestic for a prosperous white family who paid her $15.00 per week. Out of that she had to pay weekly rent of $8.50. The remainder -- $6.50 -- was all she had to buy food and clothing for a family of six.

Her five youngsters gathered around her as we came into the home, huddling together as if seeking protection from some outside hostile force which -- to them -- we or any white men represented. "Those children," she said, "get up hungry and go to bed hungry and don't ever know nothing else in between".

There were other scenes, other voices, these few days that all Americans should see and hear. Perhaps even William Buckley, who believes that "the only people who go to bed hungry are those who are on a reducing diet" would be moved to change his opinion. But even the living presence of hungry children has not affected the Jackson (Mississippi) Daily News which cruelly and cynically suggested, after our report was released, that "what is needed is a massive federal assistance program for ambulance drivers to pick up the dead bodies of Negro children".

When questions were asked about diet, the answers were always the same: a little rice or biscuit for breakfast, dried beans or peas with occasional salt pork for lunch -- if any lunch could be afforded -- and for supper, more rice or bread with occasional molasses or peanut butter. Only one of the families I visited ever had milk and it was reserved for "the sickliest ones".

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Even cursory examinations of tongues, eyes, and nailbeds disclosed unmistakeable evidence of anemia and vitamin deficiencies. An orthopedic surgeon in Jackson and a Negro physician in Yazoo City told me that almost without exception, these children required blood transfusions before any surgery could be performed.

In almost every household, serious illness had occurred in one or more children during the past year. Yet, mothers told me that they rarely over sought medical services due to their inability to pay for them. I was told of the outright refusal of local hospitals to provide care for some youngsters due to the known poverty of their parents. Another mother said that she only went to the doctor herself or took her child when she was absolutely convinced that not to go would mean death. Hospital facilities for the Negro poor in rural Mississippi are nearly non-existent. As one man told me, "If you are not protected through an employer with hospital insurance and if you don't have the $50 down-payment, your only choice is to go home and die".

Recently, a team of Mississippi physicians appointed by Governor Johnson to survey the Delta, reported that in Humphreys County, hospital facilities for indigent patients "are virtually non-existent". They quote a physician in Washington County as saying that hospital beds for the Negro child are few and occasionally a place has to be made for a child.

County sponsored programs in preventive medicine, health education, and basic sanitation were unknown to the people whom we interviewed. No program of birth control is available to the poor, although every mother with whom I talked expressed a desire for help in limiting her family size. A few who did know about "the pill" had not been able to afford it. Almost all of the mothers said they had had their babies at home, sometimes unattended, sometimes with the help of a midwife.

At county health departments, we were repeatedly told, Negroes not only were segregated, but subjected to personal indignities and discouraged from using the facilities.

I saw a little girl who had a nasty partially-healed laceration of her hand. She had been taken to the health department for a tetanus shot and was given the injection. The nurse -- I was informed to my dismay -- not only failed to dress the cut but refused even to look at it.

The Friends of Children of Mississippi have copies of letters in which they have requested from the authorities milk, surplus food, and medical care. None was ever forthcoming.

The medical needs of the Negro poor in Mississippi encompass the entire range of medical knowledge, but the urgent need for food over-rides all others. Adequate nutrition is the single most important measure required for restoring and maintaining good health.

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And yet, faced with the numbing tragedy of thousands of sick, hungry and starving children in Mississippi, we are told, with impressive statistics to substantiate the statement, that Mississippi has the most successful food program in the country.

The Federal government currently has two food programs, One of these programs is commodity distribution under which the government provides to the states food items that have been declared surplus. The states distribute them to people they certify as eligible.

The other is the food stamp program. Under this program, participants, certified as eligible by the welfare department, purchase stamps which can be used like cash to buy food worth more than the cash value of the stamps.

Unfortunately, there are thousands of instances where neither of these programs is adequate.

Under the Commodity Distribution program, foods certified as surplus each month by the Secretary of Agriculture (usually cereals such as corn, rice, flour, plus non-fat dried milk and occasionally, peanut butter and canned meat) are shipped to the states and distributed by local officials to those they decide are eligible to receive them. Many families without income attempt to subsist on this diet, most inadequate both in quality and amount. Even Secretary Freeman admits that it would take an expert and well-trained cook to provide a well-balanced diet with these foods, although he maintains it can be done. Dr. Alan Mermann of Yale, a member of our team, said that this program actually creates a problem by providing a diet high in carbohydrates and deficient in protein. "As human beings," said Dr. Mermann, "it may not be quite fitting that we should be feeding hungry people with what is left over".

The food stamp program has been even more ineffective in feeding hungry people. Under past arrangements, a family may use its welfare check to purchase food stamps, but if it does, it has no money for rent, clothes, or medicines. There are people who have literally no cash income, thousands of them, who exist on credit arrangements with the plantation owners. For these people, food stamps are of no help.

In Lefloro County, when they had the Commodity Distribution program, 20,000 people received food allowances. When the county switched over to the food stamp program, all but 8,000 of these people were dropped. And by U. S. Department of Agriculture edict, no county is permitted to have both programs.

Aside from the total inadequacy of the food distribution programs, there is a much more serious problem in their operation. In some areas, including Mississippi, political factors determine not only the eligibility of the family to participate in the food programs, but also determine whether mothers and children are eligible for welfare benefits.

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Time after time; we were told stories of dehumanizing treatment or refusal of aid by county welfare departments. There seemed to be no pattern or standards by which one could determine whether he could receive welfare help. There did seem to be a pattern of active discouragement by welfare departments of anyone applying for aid. Personal indignities, unexplained cuts in the size of checks, lack of aid for needed hospitalization or medical care were frequent charges.

Robert Anderson of The Southern Regional Council, describing Civil Rights Commission hearings on public assistance in Mississippi, wrote in New South that, increasingly, reports have come from all over the Deep South of a particularly spiteful attitude in local welfare offices. Negroes have felt this in direct ratio to civil rights gains. Some have been denied aid for participation in marches; others for exercising the right to vote. Sometimes the reasons for rejection were frankly admitted. More often, they were vaguely disguised by such statements as "the law has been changed."

Such episodes point to the desirability of firm Federal Standards. When human need is evident, welfare and food policies cannot be left to decisions influenced by local greed and local bigotry.

What do these facts and figures, this picture of hunger, exploitation, and misery -- mean in human terms? What significance do they have for the youth of America, and for the villages, towns, and cities in which they will live and work?

We know, of course, that malnutrition and starvation can mean death.

In 1964, Mississippi had the highest infant mortality rate in the U. S. -- 59% higher than for the county as a whole. In 1965 the death rate of Negro children in the first year of life was more than double that of white children.

The main causes of death in those children are infections -- pneumonia and intestinal disorders. Here we see pronounced differences between white and Negro. In 1965, deaths from intestinal disorders were 19 times those of whites, and deaths from pneumonia 8 times as frequent.

What is it that makes these Negro children so fatally vulnerable to diseases that ordinarily are no longer considered killers in the United States? The answer lies not only in the facts of chronic exposure to infection, the facts of poor or absent medical care. These children are vulnerable because their body resistance is low. And the main cause of their low resistance is lack of food. The food that is available to them is deficient in the vital components necessary to build health bodies which can resist disease - and so many of them die.

But what of those children who manage to survive the ordeals of hunger and disease, who live on into adult life? What happens to them? What kind of contributions are they able to make to the growth and vigor and creativity of the nation in which they live?

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Science and medicine have become increasingly aware that malnutrition damages the brain as well as the body. Evidence is accumulating that malnutrition in the early years of life, if it does not kill, permanently impairs physical growth and probably causes irreversible mental and emotional damage.

These children, deprived of normal brain development, anemic, hungry, beset by disease, do not have the stamina, the initiative or the motivation to learn or to sustain any kind of mental or physical activity. They are denied in the first years of their lives all hope of reaching their human potential, of adjusting to the complex and demanding society in which they must live.

Dr. Robert Coles, a child psychiatrist, described vividly to a Senate subcommittee what happens to a child who does not get enough to eat in infancy, "A child learns at once to trust a mother who feeds him. If the child is not being fed, he feels hungry and his initial experience in the world is distrust, then fear, apathy, and inability to rely on the world as providential."

Dr. Joseph Brenner of MIT, another member of our group, added further insight to this problem. "If you don't get fed when you are hungry, if you don't get alleviation of pain when you suffer, you develop a basic mistrust, a fear of adults which in later life is very difficult to correct. By not feeding these children adequately, we are creating enormous problems for the future. Many of these children will grow up distrusting society and in conflict with it. They are psychological cripples."

The implications of these statements are tremendous. They are pertinent to the problem of hungry children not only in Mississippi, but in every corner of the nation to which these children go to live or in which they are born. They may have great bearing on the problems of our cities and on the slowness of development in most nations of the world.

In our medical report to The Field Foundation, we said, "In child after child, we found evidence of peripheral neuritis (a disease of the nerves to the arms and legs caused by infection and vitamin deficiencies). These children could not feel normally --feel pressure or heat or cold or applied pain the way a normal person does." It seemed to me that these children and their parents have been made less responsive to pain in other and more subtle ways as well. Few of those to whom I talked seemed really appalled or surprised that white Mississippians might have contrived a plan to starve them out of the State, most seemed to think it routine, nor more than is to be expected in Mississippi. Exploitation and intimidation thus have become so much a part of the Mississippi way of life for Negroes that they have become anesthetized to them.

This, it seemed to me, is the greatest indictment of everyone in this country who has turned his head and failed to react with compassion and creativity to the plight of the poor within our midst. The situation, after all, did not spring full-blown upon us in May of this year. It has existed for years and years. The question which remains is how much longer will this nation, with all of its great wealth, its technological and scientific resources permit thousands of children to be hungry, to be sick and to die premature deaths?

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In describing and deploring our widespread disregard for human values, when Negroes are the victims, I have drawn primarily on my personal and most immediate experiences in Mississippi. Let no one here fail to remember that the hunger and poverty described in Mississippi is not limited to that State. The Citizen's Board of Inquiry into Hunger and Malnutrition has uncovered evidence of a similar tragic state of affairs in varying degrees in Appalachia and in the Southwest. The Citizen's Crusade Against Poverty, a private organization here in Washington, has amassed evidence of hunger in 385 U. S. counties. I cannot deny that in my own state of North Carolina there are places where conditions exist similar to those I have described and the same applies to every state in the South and to the ghettoes of the northern cities. Hunger is no respector of state or region.

One hopeful aspect of this dreary, heartbreaking situation has been the response it has brought forth from among people of good will. Reports on hunger have reverberated through the nation's press. The public's response has been warm and sympathetic, but also indignant that hunger and exploitation continue in our affluent society. Some of these people, through not too many -- are courageous, compassionate souls in Mississippi who do what they can despite local custom and opinion. Among them too, are people all over the nation who have sent workers, food, clothing, and money to provide help. On the national level, the price of food stamps has been reduced and the U. S. Senate, with unusual speed, enacted emergency legislation to feed hungary children. Subsequently, this bill, introduced by Senator Stonnis, has died in House Committee, the victim of apathy and unenlightened leadership.

All such efforts are good, but they are not enough. We face a situation of disaster which calls for drastic national action.

There is no mystery about what could be done if political resistance in Congress and timidity or outright fear at the administrative level, could be overcome.

Emergency funds could be made available to feed all hungry children now. Food stamps could be made free and both Food Stamp and Surplus Commodity programs set up in every needy county. Land could be acquired by the government to be resold to displaced farm workers. Federal assistance could be offered to industry locating in the rural South which agreed to train and employ Negro workers. New towns could be built on open land with access to industry and jobs. The drift to the cities could be reversed; rural communities revitalized, and human being made independent and self-sufficient.

If thousands and thousands of hungry children fail to stir the American conscious to radical action, it is difficult to see how we can make any claim to moral leadership in a world in which nearly half its people are hungry.

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I shall always remember a statement made by Senator Robert Kennedy at the subcommittee hearings on hunger, "Someone wrote a number of years ago" he said, "that perhaps we cannot prevent this world from being a world in which children are tortured, but we can reduce the number of tortured children."